# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/550250

**FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
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| 26 | | | | | | | 76 | | | | | | |
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| 37 | | | | | | | 87 | | | | | | |
| 38 | | | | | | | 88 | | | | | | |
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| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
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| 47 | | | | | | | 97 | | | | | | |
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| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | 9 | ← | | ← | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | 70 | | | | TOTAL CLAIMS | | | | | | |